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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* NO, DSN

\*\* FOREIGN APPLICATIONS \*\*\*\*\* NO, DSN

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 0	TOTAL CLAIMS 21	INDEPENDE CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>DSN</u> Initials _____				

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TITLE

Silicone dispensing with a conformal film

FILING FEE RECEIVED 768	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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